

February 25, 2016

RECEIVED
FEC MAIL CENTER

2016 FEB 29 AM 11:33

To: Federal Elections Commission
Independent Expenditures Division

At the end of January 2016, I called your office to inquire as to what course of action was necessary to record expenses incurred on a one time Grassroots Rally for a Presidential Candidate in advance of the Florida Presidential Preference GOP Primary on March 15, 2016. We are a group of independent citizen volunteers and are not connected with the official Campaign.

The gentleman asked me some details of the planned event and then told me we would need to file an Independent Expenditure Form. I asked him to send me the required documents for completion. The forms are completed and enclosed herewith.

The Independent Expenditures were incurred by three (3) separate individuals. The rally was held on Saturday, February 20, 2016 at Quaker Steak and Lube in Clearwater, Florida. All details and copies of receipts are enclosed.

Should you require any further information you may contact me at 727-374-7883.

Thank You,
Mrs. John Burgess
120 Park Street N
St. Petersburg, FL 33710

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

RECEIVED
FEC CENTER

2016 FEB 29 AM 11:33

1. (a) Name of Individual, Organization or Corporation ELIZABETH L. BURGESS	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 120 PARK STREET NORTH	
(c) City, State and ZIP Code ST. PETERSBURG, FLORIDA 33710	
2. Occupation and Name of Employer (for Individual Filers Only) RETIRED	3. FEC Identification Number C

4. TYPE OF REPORT (check appropriate boxes):

(a) ☒ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

5. COVERING PERIOD: FROM **02 02 2016**
THROUGH **02 28 2016**

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES.....

2097.62

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

ELIZABETH L. BURGESS

Elizabeth L. Burgess **2/24/2016**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 18 U.S.C. § 30109.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

D. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Date of Receipt

Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page carry total to Line 6)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **02** OF **02**
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

ELIZABETH L. BOUGAISE

Full Name (Last, First, Middle Initial) of Payee MINUTE MAN PRESS		Date of Public Distribution/Dissemination 02 2016	
Mailing Address 4827 CENTRAL AVENUE		Amount 411.97	
City ST. PETERSBURG	State FLORIDA	Zip Code 33713	
Purpose of Expenditure PRINTING: FLYERS, STICKERS, BANNERS		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TED CRUZ		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 2016			

Full Name (Last, First, Middle Initial) of Payee CAD PRINTING		Date of Public Distribution/Dissemination 02 03 2016	
Mailing Address 12150 25th Street NORTH		Amount 1,000.00	
City ST. PETERSBURG	State FL	Zip Code 33716	
Purpose of Expenditure YARD SIGNS		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TED CRUZ		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 2016			

Full Name (Last, First, Middle Initial) of Payee LARGO COMMUNITY CENTER		Date of Public Distribution/Dissemination 02 01 2016	
Mailing Address 400 ALT KEENE ROAD		Amount 128.40	
City LARGO	State FLORIDA	Zip Code 33771	
Purpose of Expenditure MEETING ROOM		Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: TED CRUZ		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 2016			

(a) SUBTOTAL of Itemized Independent Expenditures..... **15403.7**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

ELIZABETH L. BURGESS

Full Name (Last, First, Middle Initial) of Payee

OFFICE DEPOT / MAX

Date of Public Distribution/Dissemination

02-10-2016

Mailing Address

1950 TYRONE BLVD. NORTH

Amount

20.20

City

ST. PETERSBURG FL

State

Zip Code

33710

Purpose of Expenditure

CLIPBOARDS

Category/
Type

Office Sought:

House

State:

Senate

District:

☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

TED CRUZ

Check One:

☒ Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2016

Disbursement For:

☒ Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

QUAKER STEAK + LUBE RESTAURANT

Date of Public Distribution/Dissemination

Mailing Address

10400 - 49th ST. NORTH

Amount

200.00

City

CLARKMAN

State

FLORIDA

Zip Code

33602

Purpose of Expenditure

RENTAL RALLY VENUE

Category/
Type

Office Sought:

House

State:

Senate

District:

☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

TED CRUZ

Check One:

☒ Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

2016

Disbursement For:

☒ Primary

General

Other (specify)

Full Name (Last, First, Middle Initial) of Payee

RENT-ALL CITY

Date of Public Distribution/Dissemination

Mailing Address

7171 - 22ND AVENUE NORTH

Amount

337.05

City

ST. PETERSBURG FLORIDA

State

Zip Code

33710

Purpose of Expenditure

CHAIRS FOR RALLY

Category/
Type

Office Sought:

House

State:

Senate

District:

☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:

TED CRUZ

Check One:

☒ Support

Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

☒ Primary

General

Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

557.25

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

2097.62

CONTRACT FOR USE OF RECREATION FACILITIES
CITY OF LARGO RECREATION, PARKS AND ARTS DEPARTMENT

FY 2016

RESERVATION # _____

This contract is made and entered into this _____ day of _____, 20____ between the Recreation, Parks and Arts Department of the City of Largo, County of Pinellas, State of Florida, and _____ (renter) for the use of recreation facilities under the following conditions: (Use business name if for company or organization)

1. DATE(S) OF RENTAL: Feb 16, 2016 DAY(S) OF RENTAL: Tuesday
2. ACTUAL TIME(S) OF USE: (START) 4:00 P AND (STOP) 8:00 P
3. OCCASION: Meeting EXPECTED ATTENDANCE: 45
(REUNION, BIRTHDAY PARTY, RECEPTION, ETC.)

4. PLACE OF RENTAL: Largo Community Center ROOM(S): Studio D
(FACILITY) (ROOM TO BE RENTED)
400 Al. Keene Rd

ADDITIONAL SERVICES: No smoking or alcohol allowed

5. The renter agrees to pay the City of Largo 50% of the rental fee, plus the entire damage deposit, at the time of the signing the contract. The remaining 50% is due at signing 20.
The damage deposit, minus any charges for damages or extended rental time as determined by the Recreation, Parks and Arts Department, will be returned.

6. SPECIAL PROVISIONS: (IF NONE, ENTER "NONE") None

7. **IMPORTANT:** SEE GENERAL CONDITIONS, HOLD HARMLESS, INSURANCE INFORMATION AND PROVISIONS ON REVERSE SIDE OF THIS PAGE.

8. CONTRACT IS VALID WHEN SIGNED BY RECREATION, PARKS AND ARTS DIRECTOR OR DESIGNEE. ALL REQUIRED DOCUMENTS ARE DUE AT SIGNING.

(WITNESS) (DATE) (RENTER: SIGNATURE OF AUTH REPRESENTATIVE) (DATE)

(WITNESS) (DATE) (RECREATION, PARKS AND ARTS DIRECTOR OR DESIGNEE) (DATE)

RENTER'S NAME: ELIZABETH L BURGESS
RENTER'S ADDRESS: 120 PARK STREET NORTH
CITY, STATE, ZIP CODE: ST. PETERSBURG FL 33710
TELEPHONE: (HOME) 727-374-7883 (WORK) _____
(CELL) 404-906-8228 (EMAIL) bets.burgess@gmail.com

1. RATE CATEGORY: Studio D III
2. BUILDING CHARGE: AREA Studio D HOURS 4 X \$30 HOURLY RATE = \$120.00
AREA _____ HOURS _____ X _____ HOURLY RATE = _____
UTILITY RATE CHARGE HOURS _____ X _____ HOURLY RATE = _____
BUILDING TOTAL = \$120.00
3. STAFF CHARGES: HOURS (REGULAR) _____ X _____ RATE _____
HOURS (OVERTIME) _____ X _____ RATE _____
SET-UP/TEAR-DOWN HOURS _____ X _____ RATE _____
JANITORIAL HOURS _____ X _____ RATE _____
BARTENDER HOURS _____ X _____ RATE _____
STAFF TOTAL = \$0.00

TAX EXEMPT CERTIFICATE MUST BE ATTACHED OR SALES TAX MUST BE CHARGED

4. DAMAGE DEPOSIT (REFUNDABLE) TAX = \$0.00
DEPOSIT = \$0.00
GRAND TOTAL = \$120.00

FIRST PAYMENT AMOUNT: \$120.00 DATE PAID: 2/1/16 CASH _____ CHECK # 803 CHARGE _____

SECOND PAYMENT /BALANCE: _____ DATE PAID: _____ CASH _____ CHECK# _____ CHARGE _____



7171 22ND AVENUE
St. Petersburg, FL 33710
(727) 381-1111
Fax (727) 381-1111
www.rentallcity.com

RENT ALL CITY INC.
7171 22ND AVE N
ST PETERSBURG, FL 33710
727 381 1111

Merchant ID: 5980063115
Term ID: 1981

Sale

Status: Reservation
Contract #: 19102

Event Beg: Sat 2/20/2016
Event End: Sat 2/20/2016
Operator: Rob

ELIZABETH BURGESS
120 PARK ST N.
SAINT PETERSBURG, FL

29554

VISA
XXXXXXXXXX1160
Entry Method: Manual
Apprvd: Online
02/15/16
CVV2 Code: P
Batch#: 000006
13:53:11
Inv#: 00000007
Appr Code: 04555G
Total: \$ 337.05

Contact: ELIZABETH
Phone:

Ordered By: ELIZABETH
Delivery and Pickup
Delivery : Sat 2/20/2016
Pickup Date: Sat 2/20/2016
Location: QUAKER ST
Used at Address: 10400 49TH
Delivery Notes: DELIVER TO

Customer Copy
THANK YOU!

5:50

Qty	Items Rented	Each	Pri
100	FOLDING CHAIR- BLACK PLEASE DO NOT LEAVE CHAIRS OUTDOORS FOR POSSIBLE WATER DAMAGE.	\$1.25	\$125.
1	Delivery/Pick UP 33762	\$65.00	\$65.
100	CHAIR SETUP FEE	\$0.50	\$50
100	CHAIR TEAR DOWN FEE	\$0.50	\$50
1	CHARGE FOR LABOR Begin at: Sat 2/20/2016	\$25.00	\$25

****~Thank you for your Business!~****

Rental Contract

This is a Reservation. Any cancellations within 72 hours of event will incur additional cancellation fees.

Failure to return rental property or equipment upon expiration of the rental period and failure to pay all amounts due (including costs for damage to the property) are prima facie evidence of intent to defraud, punished in accordance with Section 812.155, Florida Statute.

Rental:	\$225.0
Sales:	\$25.0
Delivery Charge:	\$65.0
Subtotal:	\$315.0
Sales Tax:	\$22.0
Total:	\$337.0
Paid:	\$337.0
Amount Due:	\$0.0

Signature:

ELIZABETH BURGESS



INVOICE NO: 551
INVOICE DATE: 02/03/16
CUSTOMER NO: 070
SALES REP NO: 05

INVOICE

BILL TO:
J. BURGESS

SHIP TO:

CUSTOMER PO:	TERMS: COD	PAYMENT DUE: 02/03/16
QTY. ORDERED	DESCRIPTION	AMOUNT

417 YARD SIGNS & STAKES

934.58

INVOICE PAID IN FULL THANK YOU!

SUBTOTAL: 934.58
SALES TAX: 65.42
ADVANCE PMT:
TOTAL DUE: 1000.00



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12150 28th Street North • St. Petersburg, FL 33716 • cndprinting.com
(727) 572-9999 • Fax (727) 573-5786
An Integrated Graphic, Marketing and Packaging Solutions Company





**Minuteman
Press**

Minuteman Press
4827 Central Ave.
St. Petersburg, FL 33713
Phone: 1-727-321-1776 / Fax: 1-727-323-0763
Web: www.stpetersburg.minutemanpress.com
E-mail: mmpcent1@verizon.net

SALE

The First & Last Step in Printing.

Invoice

Invoice Number: 1022338
Invoice Date: 2/3/2016

MID: 000019459749
TID: 001

REF#: 00000005

Bank ID: 6099

Bank ID: 0000
Batch #: 034001

Batch #
02/03/16

02/03/16
APPR CODE: 00241G

VISA

VISA
**** * 6978

17:37:11

Swiped SS
4/22

Ship To: Elizabeth Burgess

\$37.50
\$2.63

Job 63991)

Price

\$37.50

Tax	\$2.63
-----	--------

Invoice Total	\$40.13
---------------	---------

Balance Due	\$40.13
--------------------	----------------

Terms:

The Best Thank You Is A Referral

Thank you,

Minuteman Press: _____



Minuteman Press
4827 Central Ave.
St. Petersburg, FL 33713
Phone: 1-727-321-1776 / Fax: 1-727-323-0763
Web: www.stpetersburg.minutemanpress.com
E-mail: mmrpcent1@verizon.net

Minuteman Press:



**Minuteman
Press**

The First & Last Step In Printing.

Minuteman Press
4827 Central Ave.
St. Petersburg, FL 33713
Phone: 1-727-321-1776 / Fax: 1-727-323-0763
Web: www.stpetersburg.minutemanpress.com
E-mail: mmpcent1@verizon.net

Invoice

Invoice Number: 1022381
Invoice Date: 2/12/2016

Bill To: Elizabeth Burgess

Ship To: Elizabeth Burgess

Description	Price
200 labels 3 inch round Ted Cruz (Job 63983)	\$85.00
2 banner 2 x 6 (Job 64071)	\$160.00
300 flyers 5.5 x 8.5 (Job 64070)	\$37.50
Sub Total	\$282.50
Tax	\$19.78
Invoice Total	\$302.28
Balance Due	\$302.28

MINUTE MAN PRESS
4827 CENTRAL AVE
ST PETERSBURG, FL 33713
PHONE # (727) 321-1776

SALE

MID: 000019150749
TID: 001

REF#: 00000002

Bank ID: 6099
Batch #: 043001
02/12/16

16:11:38

Swiped

APPR CODE: 04445G
VISA
*****1160

\$302.28

AMOUNT

APPROVED

THANK YOU
HAVE A NICE DAY
CUSTOMER COPY

Terms:

The Best Thank You Is A Referral

Thank you,

Minuteman Press: _____

Minuteman Press:



Minuteman Press
4827 Central Ave.
St. Petersburg, FL 33713
Phone: 1-727-321-1776 / Fax: 1-727-323-0763
Web: www.stpetersburg.minutemanpress.com
E-mail: mmpcent1@verizon.net

Invoice Number: 1022420
Invoice Date: 2/19/2016

Ship To: Elizabeth Burgess

Description	Price
200 copies - Voters Guide (Job 64134)	\$20.00
Tax	\$1.40
Invoice Total	\$21.40
Balance Due	\$21.40

CAB/

The Best Thank You Is A Referral

Thank you,

Minuteman Press: _____



INVOICE NO: 551

INVOICE DATE: 02/03/16

CUSTOMER NO: 070

SALES REP NO: 05

INVOICE

BILL TO:

J. BURGESS

SHIP TO:

CUSTOMER PO:	TERMS: COD	PAYMENT DUE: 02/03/16
QTY. ORDERED	DESCRIPTION	AMOUNT

417 YARD SIGNS & STAKES

934.58

INVOICE PAID IN FULL THANK YOU!

SUBTOTAL: 934.58
SALES TAX: 65.42
ADVANCE PMT:
TOTAL DUE: 1000.00



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1111 22nd Avenue North
St. Petersburg, FL 33710
(727) 381-3111
Fax (727) 381-3115
www.rentallcity.com

Monday thru Saturday
8 A.M. - 5:30 P.M.
CLOSED SUNDAY

Status: Reservation

Contract #: 19102

Event Beg: Sat 2/20/2016

Event End: Sat 2/20/2016

Operator: Rob

Customer #: 29554

ELIZABETH BURGESS

727-374-7883 Phone

120 PARK ST N.

SAINT PETERSBURG, FL 33710

Ordered By: ELIZABETH

Delivery and Pickup

Delivery : Sat 2/20/2016

Pickup Date: Sat 2/20/2016

Location: QUAKER STEAK

Used at Address: 10400 49TH ST N ; CLEARWATER, FL 33762

Delivery Notes: DELIVER 11-12:45 PICK UP SAME DAY 3:30 -5:50

Contact: ELIZABETH

Phone:

Qty	Items Rented	Each	Pri
100	FOLDING CHAIR- BLACK PLEASE DO NOT LEAVE CHAIRS OUTDOORS FOR POSSIBLE WATER DAMAGE.	\$1.25	\$125.0
1	Delivery/Pick UP 33762	\$65.00	\$65.0
100	CHAIR SETUP FEE	\$0.50	\$50.0
100	CHAIR TEAR DOWN FEE	\$0.50	\$50.0
1	CHARGE FOR LABOR Begin at: Sat 2/20/2016	\$25.00	\$25.0

****~Thank you for your Business!~****

Rental Contract

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Rental:	\$225.00
Sales:	\$25.00
Delivery Charge:	\$65.00
Subtotal:	\$315.00
Sales Tax:	\$22.05
Total:	\$337.05
Paid:	\$337.05
Amount Due:	\$0.00

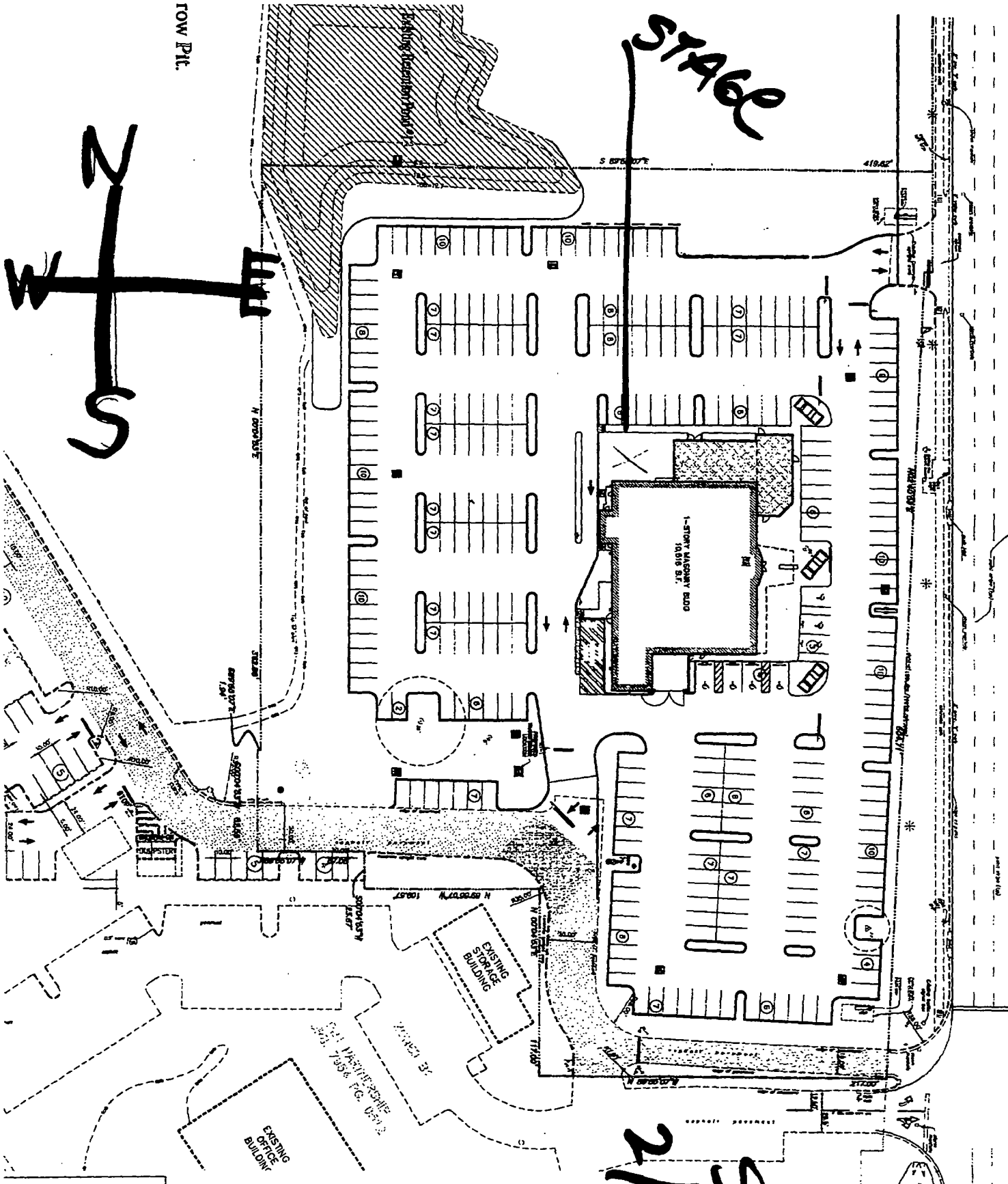
Signature: _____

ELIZABETH BURGESS

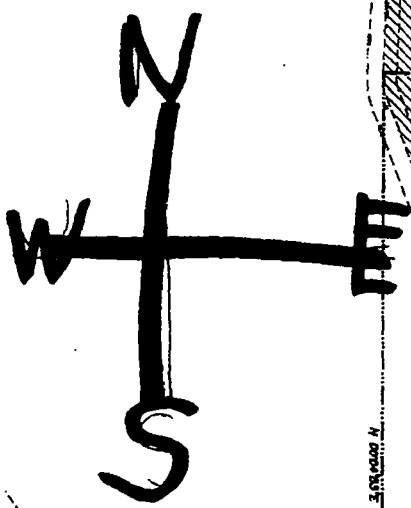
PAID

BOUNDARY OF SW 1/4, SE 1/4 OF SEC. 16, T20N, R10E

STAGE



ROW Plt.



NOT TO SCALE

SAT
2/20/2016

EXISTING LEGEND
STORMWATER POND
INDRESS/EGRESS EASEM

Office DEPOT OfficeMax

OFFICE DEPOT STORE 112
1950 Tyrone Blvd. N.
Saint Petersburg, FL 33710
(727)347-4900

02/10/2016 15.5.6 1:43 PM
STR 112 REG 1 TRN 6144 EMP 728145

SALE	Product ID	Description	Total
	477727	CLPBRD,00,3PK,	18.87
	3 @ 6.29		
You Pay			18.87S
Subtotal:			18.87
Sales Tax:			1.33
Total:			20.20
Visa 1160:			20.20

AUTH CODE 059526
TDS Chip Read
AID A0000000031010 CHASE VISA
TVR 0080008000
CVS No Signature Required

Shop online at www.officedepot.com

GUESTCHECK™

Date	Table	Guests	Server	54001
------	-------	--------	--------	-------

APPT-SOUP/SAL-ENTREE-VEG/POT-DESSERT-BEV

2/9/2016

Quaker Steak & Lube
10400 49th Street N.
Clearwater, FL 33762
727-572-WING

\$200 room fee
paid for
event on
2/20/16

Tax

Total 200-

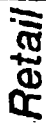
Thank You — Please Come Again

NCCD 6000 GUESTCHECK™ www.nationalchecking.com MADE IN THE USA

RECEIPT

DATE	2/1/16	No.	044832
FROM	Elizabeth Burgess	\$	102.00
One hundred twenty eight ⁴⁰ / ₁₀₀			DOLLARS
<input type="radio"/> FOR RENT <input type="radio"/> FOR _____			
ACCT.		<input type="radio"/> CASH	
PAID	128 40	<input type="radio"/> MONEY ORDER	FROM _____ TO _____
DUE	0 10	<input checked="" type="radio"/> CHECK	BY D Belts
		<input type="radio"/> CREDIT CARD	

2011-12-20



US POSTAGE PAID

\$33.34

Origin: 33704

Destination: 20483

6.13 oz.

Feb 25, 16

1182540704-18

1000.

USPS FIRST-CLASS MAIL®

USPS TRACKING NUMBER



9500 1111 7464 6056 5941 52

FEDERAL ELECTION COMMISSION

999 E. STREET N.W

WASHINGTON D.C. 2046

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 2/25/16
<input type="checkbox"/> USPS Registered/Certified	Date of Receipt 2/29/16
<input type="checkbox"/> USPS Priority Mail	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

2/29/16
DATE PREPARED

(3/2015)